

ADMITTED BY THE  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
OF THE STATE OF INDIANA

\_\_\_\_\_  
(DATE)

(SEAL)

\_\_\_\_\_  
(DIRECTOR)

**APPLICATION FOR ADMISSION OF**

\_\_\_\_\_  
**AS A FOREIGN CORPORATION**

The undersigned makes application to the Indiana Department of Financial Institutions to obtain a certificate of admission to transact business as a Foreign Corporation in Indiana pursuant to I.C. 28-1-22-1 et seq.

**The following information is required:**

NAME AND PRINCIPAL OFFICE	
1.	The name of the corporation is  _____
2.	The post office address of the principal office of the corporation outside of the State of Indiana is  _____ Address  _____ City County State Zip
3.	The state or county where the corporation is incorporated is  _____
4.	The date the corporation was established is  _____

**NATURE OF BUSINESS**

5. A Description of the nature of business that the foreign corporation intends to carry on in Indiana under its Articles of Incorporation or Association is as follows:

**REGISTERED AGENT AND OFFICE**

6. The name and post office address of the foreign corporation's registered agent and registered office for service of legal process is as follows:

\_\_\_\_\_  
Name of Resident Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
President or Vice President

AND

\_\_\_\_\_  
Secretary or Cashier

STATE OF INDIANA       )  
                                      ) SS:  
COUNTY OF                )

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and  
\_\_\_\_\_ personally appeared before me, a notary public, and after being  
sworn, stated that they are the duly authorized officers of \_\_\_\_\_  
Corporation and swear that the attached and foregoing statements are true and correct and further  
acknowledge the execution of the foregoing instrument.

Witness my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Written Signature)

(SEAL)

\_\_\_\_\_  
(Printed Signature)

My Commission Expires:

\_\_\_\_\_

County of:

\_\_\_\_\_